

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Eddie D. West 2955467)
(full name) (Register No.))
1000 N. Boonville, Springfield,)
MO, Greene County, 65802)
Justice Center)
Plaintiff(s).)

16-3463-CV-S-SRB-P

Case No. _____

v.

Greene County Justice Center)
(Full name) Staff)
1000 N. Boonville, Springfield, MO)
Greene County Justice Center 65802)
Defendant(s).

Defendants are sued in their (check one):

____ Individual Capacity

____ Official Capacity

☒ Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): Greene County Justice
Center 1000 N Boonville, Springfield, MO, 65802

II. Parties to this civil action:
Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Eddie D. West Register No. 2955467
Address Greene County Justice Center 1000 N Boonville
Springfield, MO, 65802

B. Defendant Greene County Justice Center Staff
Is employed as Medical Staff (nurses / doctors)

For additional plaintiffs or defendants, provide above information in same format on a separate page.

III. Do your claims involve medical treatment? Yes X No

IV. Do you request a jury trial? Yes X No

V. Do you request money damages? Yes X No

State the amount claimed? unable to determine at present time. \$ / (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes X No

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes X No

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes No X

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

D. If you have not filed a grievance, state the reasons.

Requested for a grievance and was denied stating "This is not a grievable matter. This is the providers orders."
See Inmate Request to Staff Form Marked A-1. (10-12-16)

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes No X

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes No X

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (Defendant)

(2) Date filed: _____

- (3) Court where filed: _____
- (4) Case Number and citation: _____
- (5) Basic claim made: _____
- (6) Date of disposition: _____
- (7) Disposition: _____
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: _____
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

See Attached Page.

- B. State briefly your legal theory or cite appropriate authority:

Question 9 pg 3

On 3/2/16, the day I was arrested I was seen by medical, before I was fully processed by Classification. ~~When I asked why they were taking my bin.~~

This was when medical took my hinges from my knee brace. I asked why they were taking them, I was informed "It was facility requirement. Between 3/2/16 & 8/16 I asked several nurses during med pass if I could get my hinges back and was told "NO"

In 8/2016 I placed a request to get my hinges returned but was not only denied but also had my knee brace taken from me 2-3 days later. I asked at med pass why my brace had been taken without a complete examination but was not given a response. I then placed a sick call in to speak to the Doctor, but the response given by medical was "Per Facility Provider this assistive device is not necessary at this time." Again I received no exam by the Doctor, or had any xray or MRI performed at any hospital to properly determine that it was not needed.

I had Hyperextended my left knee in 2003 and it was the Nurse Practitioner at Fordland Family Medical to which told me to wear the knee brace due to my knee issue.

All this is listed in my medical records, at Fordland Family Medical. I applied for a Medical Grievance, but was told by medical it was not a grievable matter.

My Service Provider also had prescribed 800MG of Ibuprofen. It was prescribed to reduce the swelling in my right arm to which is immobile due to nerve damage.

INDIGENT

It is kept in a body sling and it was found to have poor blood flow due to the lack of use of my arm. Greene County Medical has since incarceration refused to provide me the Ibuprofen to reduce the swelling.

I am presently waiting for my Public defender Michael Stanfield to send me copies of my medical records from Fordland Family Medical. He as of 10/18/16 informed me he received both my Naval & CoF medical records & was at that time still waiting for Fordland Family Medical Clinic.

Question 10 pg 4

The Relief I'm seeking. Is now to see the extent of damage to my left knee due to having no brace; by an orthopedic specialist, get consulted by the orthopedic, and also to receive Monetary Compensation for failure to properly examine & have needed medical testing performed. The Monetary Compensation would be for pain and suffering as well as to Greene County to pay for any needed medical if needed on my left knee.

INDIGENT

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
See Attached sheet.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. _____

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No ☒

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes _____ No ☒

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 6 day of November 2016

Eddie D. West
Signature(s) of Plaintiff(s)

GREENE COUNTY JUSTICE CENTER
1000 N Boonville
Springfield MO. 65802

Inmate Name Eddie D. West

Jacket # 2955407-T5-19

LEGAL MAIL

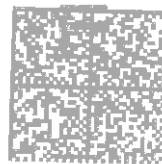
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SPRINGFIELD

MO-658

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U.S. District Court
Office of the Clerk
1510 Whittaker Courthouse
400 E. Ninth Street

Kansas City, MO 64106

INDIGENT

64106-260801

